



SFW

TRANSMITTAL FORM

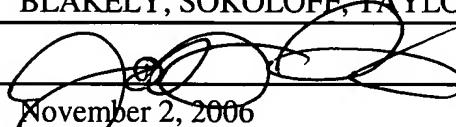
(to be used for all correspondence after initial filing)

		Application No.	10/796,366
		Filing Date	March 8, 2004
		First Named Inventor	
		Art Unit	2116
		Examiner Name	Du, Thuan N.
Total Number of Pages in This Submission	20	Attorney Docket Number	42P18653

ENCLOSURES (check all that apply)

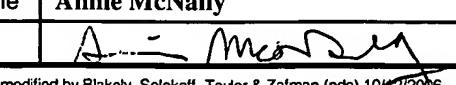
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <div style="margin-left: 20px;"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) </div> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input type="checkbox"/> PTO/SB/08 </div> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"> <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA </div> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <div style="margin-left: 20px;"> <input type="checkbox"/> Change of Correspondence Address </div> <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <div style="margin-left: 20px;"> <input type="checkbox"/> Landscape Table on CD </div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
		Check No. 3704; Return Receipt Postcard	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Joseph Lutz, Reg. No. 43,765 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 2, 2006

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Annie McNally		
Signature		Date	11/02/2006



FEET TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT **(\$)** **500.00**

Complete If Known

Application Number	10/796,366
Filing Date	March 8, 2004
First Named Inventor	
Examiner Name	Du, Thuan N.
Art Unit	2116
Attorney Docket No.	42P18653

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	2	50.00	\$100.00
Multiple Dependent	2	200.00	\$400.00

Large Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
			SUBTOTAL (1)	(\$) 500.00

**or number previously paid, if greater, For Reissues, see below

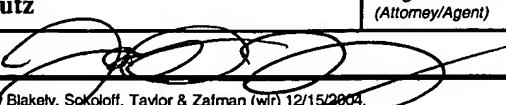
2. ADDITIONAL FEES

Large Entity Small Entity

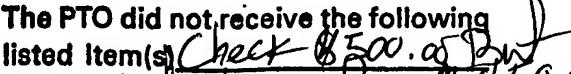
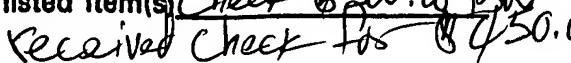
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402		2402		Filing a brief in support of an appeal	
1403		2403		Request for oral hearing	
1451		2451		Petition to institute a public use proceeding	
1460		2460		Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			SUBTOTAL (2)	(\$)	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Joseph Lutz	Registration No. (Attorney/Agent)	43,765	Telephone	
Signature				Date	11/02/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

The PTO did not receive the following
 listed item(s) 
 Received Check for 



Attorney's Docket No.: 42P18653

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

David Freker, et al.

Application No.: 10/796,366

Filed: March 8, 2004

For: **METHOD AND APPARATUS FOR A
VARIABLE MEMORY ENABLE
DEASSERTION WAIT TIME**

Examiner: Du, Thuan N.

Art Group: 2116

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 7, 2006, regarding the above referenced application, Applicants respectfully request entry of the amendments set forth below in consideration of the remarks that follow.

11/07/2006 EAYALEW1 00000017 022666 10796366

01 FC:1201	400.00	OP
02 FC:1202	50.00	DA
	50.00	OP